

VENDOR/PAYEE REGISTRATION & ADDRESS CHANGES

State of Michigan
State Budget Office
Office of Financial Management
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AUTHORITY: Act 431 of 1984.

Completion necessary for inclusion
in STATE OF MICHIGAN vendor/payee file.

**A W-9 Form must be submitted for new
Registrations.**

1. TAX IDENTIFICATION NUMBER (TIN) (Use Social Security if sole proprietor) FEIN <input type="checkbox"/> SSN <input type="checkbox"/> _____ _____	2. NAME (Or Legal Business Name as Registered with IRS) _____ _____ Doing Business As: _____
3. NEW OR ADDITIONAL ADDRESS (Street and /or P.O. Box) Attn – 1: _____ Phone: (____) _____ Attn – 2: _____ Fax: (____) _____ Street/PO Box: _____ City: _____ State: __ Zip: _____ - __ Contact Name: _____ E-mail Address _____	
4. OLD/INACTIVE ADDRESS (to be removed from file) Attn – 1: _____ Phone: (____) _____ Attn – 2: _____ Fax: (____) _____ Street/PO Box: _____ City: _____ State: _____ Zip: _____ - _____	
5. REMITTANCE ADDRESS (if different from #3 above) Attn – 1: _____ Phone: (____) _____ Attn – 2: _____ Fax: (____) _____ Street/PO Box: _____ City: _____ State: __ Zip: _____ - __ Contact Name: _____ E-mail Address _____	
6. Vendor Signature: _____ Date: _____	
State of Michigan Agency use only if no Vendor Signature	
7. Authorized Agency Signature _____ Date: _____ Department or Agency _____ Phone # _____	